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The Coroner in Rural and Urban Manitoba

by Dr. H. M. Speechly

When I was appointed Coroner "in and for Manitoba" in 1905, I was practicing in Pilot Mound, and soon found that I had a potential district with no definition. Straight north from Pilot Mound I might have to drive (no automobiles then) 20 miles, straight south 16 miles, west 10 to 20 miles, but east not more than 12. The great difference between the rural and city Coroner work is that the Provincial Coroner in Winnipeg, as a rule, sees more cases in a week than a rural Coroner sees in a year, but it so happened that in my first three years quite a number of cases of interest required the Coroner's services.

It is no joke when you have maternity cases or other urgent calls to have to conduct an inquest. Once an officious juryman needlessly prolonged an inquest when a primipara 25 miles distant urgently required my services. I appealed to the Jury as "husbands and fathers" to close useless enquiry, got away, and reached the lady with half an hour to spare!

In my opinion, as all Coroners outside Winnipeg are paid by the job, so to speak, the remuneration is very meagre and unattractive to those who do not care for this type of work. The result is that the work is often poorly organized, partly due to the fact that few men get much experience. To illustrate this: until I went overseas in 1916 after 11 years as district Coroner I had only 22 cases of all sorts including only 6 inquests. Personally, I believe it would simplify matters if Manitoba could be divided into health districts managed by a combined Medical Officer of Health and Coroner, taking these two functions entirely out of the hands of general practitioners. Such an official could also call upon only competent pathologists to perform post-mortem examinations, because very few men in rural practice can get the necessary experience for that kind of work.

My First Inquest

It was a little odd that my first inquest was the only one that I have ever had re-opened. This inquest began on Jan. 6, 1906, and was held on the body of Robert Emerson of LaRiviere, a very popular C.P.R. engineer who met with his death in a manner peculiar to the prairie country. The night before he started to make his usual trip from Snowflake a furious gale had blown the scanty snow combined with dust into very hard, compact drifts of no great depth across the track. When the engine struck one of these solid drifts, it ran several yards on the drift before breaking through and falling over. In some unknown way Emerson struck his head against something hard enough to cause a depressed fracture of the right parietal bone of the

skull, the fireman escaping without serious injury. The evidence clearly showed that a technical error on the part of Deceased was the main cause of the accident but certain officious though well-meaning friends petitioned the Attorney-General to have the inquest re-opened on the ground that certain evidence had been omitted. The Attorney-General thought it would be as well to re-open the inquest. The C.P.R. sent two lawyers and Mr. J. T. Arundel, then a leading figure in railway circles, expecting to find Coroner, Jury and everyone prejudiced against their case, but were agreeably surprised to find that strict fairness was observed. Incidentally, Mr. J. T. Haig, now Senator, represented the family of Deceased. The enquiry lasted eleven hours and the original verdict was sustained.

The Body in the Ravine

Next April a "cause célèbre" stirred greatly not only Southern Manitoba but also the North Dakota border. A simple man of German extraction named Vincent Weiler in company with a notorious character named Matt Doyle had crossed from North Dakota to Mowbray and Snowflake, and had been missing since November 20, 1905. Weiler owned a quarter section on this side of the line which Doyle coveted. Weiler was last seen with Doyle in Snowflake on the above date, and Doyle had actually been accused of kidnapping Weiler without proof forthcoming. Early in 1906 Doyle migrated to the Battleford district in Saskatchewan. On April 2, 1906, the Provincial Policeman wired me late at night that a body of a man had been found in a ravine near Snowflake. At 7:45 a.m., next morning, I drove 25 miles to the ravine, which was about four miles east of Snowflake. A local farmer out shooting rabbits had discovered the body. In company with the policeman and two or three other men we followed an ill-defined cattle track downwards into one of the many ravines which run into the valley of the Pembina River and soon found three night-watchers in charge of the body which lay just off the track, fully dressed with wombat fur coat, but in the occiput was a bullet hole from which a little blood had trickled. Most of the lower part of the face and neck, as well as the tongue and trachea, had been gnawed away by a weasel or rat. After careful investigation we carried the body through the bush to a wagon, which could not be brought nearer than about 50 yards away.

The body was deposited in a back room in the hotel at Snowflake. It was an odd kind of a post-mortem examination. The body was frozen, the blood in the cardiac cavities was frozen, and the knife repeatedly gritted on frost. My assistants were the livery man who had driven me,

and the resident Anglican minister, who kindly took my notes. We were five hours on that job. The hotel buzzed with curious settlers, Manitoban, German, Yankees. A Yankee lawyer paced up and down, smoking cigars furiously. Identification was only possible by means of clothing and personal property, on account of the facial destruction. The course of the bullet, which fell out on the table in the process of examination was from one inch below the occipital protuberance and half an inch to the right of the middle line across the right cerebellar fossa, perforating and fissuring the inner end of the petrous portion of the right temporal bone, finally stopping between the internal pterygoid process and the styloid process, where the bullet was found. After a speedy supper I started the inquest at 7:45 p.m. The chief witness was the stable man of the livery, who swore that Weiler and Doyle put up at the stable on November 20, 1905; that on the afternoon of that day the two men walked east of the town together; that three hours later Doyle returned alone sweating visibly, and drove across the boundary. A verdict of murder was brought against Doyle, who was arrested next day in Saskatchewan. As the inquest closed at 1 a.m., the investigation and inquest lasted 17 hours.

Doyle was committed to the Morden Assizes and acquitted, as I expected, because the star witness, the stable man, had disappeared and no precautions had been taken to secure his attendance.

During my examination-in-chief the late Mr. R. A. Bonnar was unable to shake my evidence; but, when I had to describe the course of the bullet, it was impossible to state it in trivial terms and the prosecuting counsel said helplessly: "Won't you tell this in simpler language?" To the judge, I said, "My lord, I am perfectly willing to do anything in that direction, but it is impossible unless you allow me to produce a book on Anatomy." That is not allowed in court. Everybody smiled, and of course the Press had it that the medical witness delighted in the scientific terms.

Snow Plow vs. Engine

On March 6, 1907, I was called at 4 a.m. to view an unusual railway fatality. The track had been deep in snow, and required clearance by a snow plow which had passed west through Clearwater, where the conductor was warned that a dead freight train was stalled at the next station. Mather. For some unknown reason the snow plow was allowed to run past the mile board right into the engine of the dead train. I shall never forget the extraordinary scene. The engine of the dead train had mounted on to the top of the snow plow, crushed through the roof of the caboose, and had pinned the conductor by

his neck and arm, breaking his neck. It looked as if the body had just dropped out of the sky!

A Drowning

In the summer of 1907 a little two-year-old girl was drowned in a triangular-shaped trough used for watering cattle, in only three inches of water. With another four-year-old child she was trying to wash her head and fell face downward so that she was wedged in with her mouth and nose under water. Before her mother could get to her she was drowned.

Lemon Extract Firewater

Swan Lake is about 18 miles north of Pilot Mound, and gives its name to an Indian Reserve. Late in the evening of April 14, 1908, I was informed by Dr. J. Cooper of Swan Lake that three Indians lay dead in a log house on the Reserve. The next day I drove 25 miles and met Dr. Cooper at the house where the bodies of the chief, Nat, Nat's wife, and Friday, lay with no marks of violence upon them. It was known that these folk had bought and used as a beverage some essence of lemon in quantity. In fact we secured some of the identical stuff and submitted it for analysis in Winnipeg. This proved to be a solution of lemon essence in methyl alcohol. The post-mortem examination was negative in every respect. The stomachs were sent to Prof. M. Parker for analysis, but no trace of poison was discovered. The verdict of the Jury was: "We find that these three Indians, Nat, Nat's wife, and Friday came to their deaths at the Indian Reserve, Swan Lake, on Saturday, April 14, 1908 by drinking a concoction supposed to be lemon extract and containing methyl alcohol or wood alcohol."

Fire Disaster

That fall Swan Lake was again stirred by a more tragic disaster which occurred at an old log house on the high bank of the Pembina Valley five miles south of Swan Lake and about 15 miles from Pilot Mound. An unfortunate incident probably had something to do with this disaster. It was stated at the inquest that a certain shipment of coal-oil had been accidentally adulterated with gasoline, so that around the district minor explosions had taken place with stable lanterns. This log house inhabited by an old-time settler, his wife, and seven children, was of a type that is all kitchen below, and above one bedroom divided only by chintz curtains, an open stairway leading up from the kitchen. With the lady teacher of the neighboring school as a boarder, the family had a little party together on the evening of November 5th, and went to bed at midnight, much later than usual. At 5:30 a.m. next morning the father and 18-year-old boy got up at the usual time, the boy going to the stable to feed the stock, and the father pro-

ceeding to light the fire, the ashes of which were probably still red-hot. The father adopted a common but foolish method of starting the fire quickly by throwing on some coal-oil, which instantly vaporized and exploded. The boy in the stable knew nothing of this until twenty minutes later, when he heard the pigs racing about in great excitement as if a wolf was chasing them. Looking out he saw the house already in flames, and running to a side door he heard his dazed and blinded father calling and groping around, and was able to drag him out, burnt, naked and blackened. On my way to the scene I called in at a neighbor's house and found the father on the point of death. Before he died he said it was his fault for using the coal-oil. The house had collapsed into the cellar within an hour. The explosion must have projected a huge volume of asphyxiating vapour upstairs into the bedroom above and smothered the mother, teacher, and six children before they were reached by the flames, because the surviving boy was positive that there was no cry or any attempt to get away. When I arrived, no sign of a dwelling could be seen, only the smoking cavity of the cellar, beside which the neighbors had laid eight black lumps, a poignant sight, truly! There in the wintry moonlight I empanelled the neighbors as a jury so as to convenience the disposal of the bodies, and adjourned to a later date.

In the eyes of some of our people a Coroner is deemed to have strange powers. One lady whose husband was quarantined for smallpox elsewhere, requested me to order his release; while another enquired if I was "the man who looks after murderers." Possibly I may have succeeded in my object of being humane as well as impartial in my rural Coroner tasks, if one is to judge by a descriptive and rather absurd doggerel issued by a Snowflake poetaster after the Weiler murder case, wherein his sole allusion to me was: "Tall Speechly, suave and courteous"!

For the next eight years most of the sudden deaths in my rural area were due either to natural causes, with one or two exceptions, or to farm accidents; and in one case to drowning, none of which call for any particular comment.

Provincial Coroner

In July, 1916, I went overseas for War service until April, 1919, when I returned to commence practice in Winnipeg. It was not until the death of Dr. H. M. Cameron early in July, 1929, that I succeeded to the office of Provincial Coroner in Winnipeg, the only Coroner in Manitoba who receives a salary. This salary is not distinguished by munificence, especially when it is realized that the Coroner is on duty 24 hours daily, every day of the week, and that the work attached to the office is a full-time task involving the reference of some 470 deaths annually and the holding of from 45 to 50 inquests. Also

the former practice of the Coroner dwindles year by year primarily because all maternity work is cut off and secondarily because many people think that he is no longer conducting private practice, or that he does not desire it. Nor is there any pension attached to this office on retirement. Some years ago when I enquired about my station in relation to a pension, I was told that not being a civil servant I was not eligible for a pension. It had always been understood that a Coroner held his office until he became incompetent through physical or mental disability or through death or misbehavior. After just short of 13 years service I was compulsorily retired on April 30, 1942 for none of the above reasons, but because I was born in 1866. This is not prescribed in the Coroners Act, but was achieved by Order-in-Council.

Owing to the way Coroner work is sub-divided in the three other Canadian cities larger in population than Winnipeg I doubt if any other Coroner in Canada has as much actual work to do as the Winnipeg Coroner. Each year he has greater experience than that of all other Coroners combined in Manitoba; and on account of that experience he may be sent out to any part of the Province when the district Coroner cannot function for any reason. Although an official of the Provincial Government, by far the larger part of his work lies in the city of Winnipeg and in the City Police Court because by agreement with the City the Province loans him for that service. He is thus an example of the best type of co-operation between the Province and City. There is also excellent co-operation between the R.C.M.P. and the City Police.

Police Co-operation

Compared with rural work the Provincial Coroner finds that instead of having to deal with people unaccustomed to the routine of disposal of corpses and their belongings and the management of inquests he has the advantage of good Police assistance and excellent Coroner's Officers. I would like to record here my appreciation of three City Police Officers who served as Coroner's Officer, the late Detective Howard Sellers, Sergt. H. Sleeman, and Constable G. McBeth; and of Constable E. R. Macdonald, R.C.M.P. From the heads of both Police Forces I always received full and courteous co-operation.

With regard to the Police there exists among certain classes of the people, reflected sometimes in the Press, a tendency to unreasonable and hostile criticism of their actions in dealing with accidents and criminals, which I have always deprecated. Surely, if we are to have a respected Police Force as citizens we should expect the best of them, and not the worst. Such an attitude would encourage the "morale" of the Force and would assist the Chief Constable in his desire to have a Police Force of which citizens can

be proud. Policemen are human beings like ourselves and, like ourselves, liable on occasion to make mistakes. Keeping the peace and regulating the traffic in a city like Winnipeg, polyglot and variable in its attitude to the Law is no mean task.

Undertakers

The disposal of dead bodies depends on the wishes of the relatives or the direction of the Coroner, since there is no public morgue in Winnipeg. In order that there should be no suspicion of favoritism or graft I was always very careful to consign bodies to the eight or nine undertakers as nearly in rotation as possible. I would like to bear witness to the splendid co-operation of all of the City undertakers and to the many kindnesses that these firms render to the poor and unfortunate. At all times, day and night, and however unpleasant the task or whatever the weather, their response was unfailing; and when, as often happens, the relatives desired the transfer of a body from one funeral home to another, this was effected without friction.

Coroner and the Press

It might be well here to consider the relation of the Coroner to the Press. There are many times when the Coroner knows that reticence is desirable, especially in relation to suicides. A suicide usually brings a great deal of unhappiness to the friends and relatives of the deceased, much accentuated by any Press publicity, regardless of social standing. The first suicide I was called to was that of a maid in a small private home, and had no direct family bearing; but the father of the family was dying in Hospital, and apart from the unpleasantness of having such a thing happen in the home I was begged by this family not to let the affair appear in the papers lest the father should hear of it. Having had dealings with the Press for several years I determined to speak to the Editors of the two Winnipeg papers and came to an understanding forthwith by putting the point to them thus: "There are times when reticence about such deaths as suicides is very desirable. What have you to say about it?" To my gratification they replied: "We will do whatever you think fit." Then said I: "I will undertake to tell you the facts of each case on the understanding that publicity will be withheld except in exceptional cases." That pact has been strictly observed during my thirteen years of service. Time and again I have rung up the City Editors and obtained this co-operation so faithfully that in 1937 the public were not aware that 36 suicides happened in Winnipeg and suburbs that year.

Suicides

Of course there are some suicides which require inquests to prove that the suicide was not

murder, or to clear innocent people of suspicion. In my opinion, however, there is no good purpose served in drawing attention to suicides provided that the Coroner consults the Police Chief concerned and takes into consideration the wishes of the friends. In relation to suicides I have always advised the friends not to tell lies about the cause of death, but to tell the truth to their own circle of acquaintances, and so protect themselves against all sorts of unpleasant false rumors. In the early thirties suicide by the carbon monoxide route was very frequent. While I am of the opinion that eight out of every ten were suicides and not accidental, it is in some cases very hard to be quite certain that such an opinion is correct. The Press rarely alluded to these specifically.

Disposal of Estate

One quite important function of the Coroner is the disposal of small estates not exceeding the value of \$300.00 when the individual dies intestate, and there is no other way of disposal except through the expensive route of the Surrogate Court. Thus funeral expenses, hospital bills, and sometimes doctors' accounts are secured from banks and other institutions without fuss or red tape. This means frequent co-operation with the excellent Social Service Department of the City of Winnipeg, which renders to the poor and unfortunate many kindly actions unknown and unheard-of by the bulk of Manitobans in town and country. In this action the Police render great assistance by securing and taking inventory of small properties found with the deceased. It always seemed to me that in this work as well as in the general work of the Coroner courtesies such as these to friends of the deceased from a distance, and to strangers from many countries were important assets in the reputation of the City. Naturally this involved personal service and much correspondence.

Conduct of Inquests

With regard to the conduct of inquests it should be borne in mind that the Coroner's Court is a magisterial court of first instance and dates back in English history to the 12th Century, when it commenced as the Court of the King's Coroner, who was an officer of the King's household originally. I have always felt that the Coroner's Court should be conducted without fuss or frills but at any rate with such dignity as is inherent in the old formal phrases used in opening and closing the Court and quite easily learnt by heart. Juries arrive for an inquest very often with a feeling that the whole thing is a nuisance and a bore, but when they find that the viewing of the body and the further proceedings are part of a well-ordered ceremony, they get tremendously interested.

The change from the 12-man to the 6-man Jury was welcome as far as the Coroner's Court

is concerned. It meant less work all around without in any way impairing procedure. When swearing-in the Jury I have always held that "kissing the book" was of no specific value and as a procedure insanitary, but it was curiously difficult to prevent amongst the less educated jurors a fervent desire to kiss the Bible. My practice was to swear with the book in the up-lifted hand.

Lawyers and the Coroner

With regard to inquests, I could never see the value of long-drawn proceedings in general. Of course if there are more than a dozen witnesses, the proceedings lengthen with the increased number, but by keeping to the point that an inquest is first and foremost an investigation of the facts and not allowing irrelevant questionings or speculative ventures, much time can be saved. In the matter of the Medway Court fire inquest on eight victims I examined with Fire Commissioner E. McGrath 56 witnesses within four hours. Yet, if lawyers are allowed to embark on discovery tactics, and if jurors are allowed too much license to ask all sorts of questions, an inquest may be prolonged needlessly for an hour or more. The best lawyers avoid needless questioning of witnesses and are of definite assistance in developing evidence, but certain types of lawyers forget that a Coroner's Court is not a Criminal Court, and become a nuisance. After all it is only by courtesy of the Coroner that anyone including lawyers, are allowed to question witnesses in the Coroner's Court. Sometimes individual jurors think they are heaven-born questioners, but they should be kept under strict control. I remember a whole jury of a sort known as "rather red," who wanted to do all the talking, and because I refused to allow them to run amok, they wanted to know if they might add a rider to their verdict censuring the Coroner for his refusal! They were repressed with vigor. I also drew the line very strongly at the tendency of lawyers of a certain type to question witnesses in a hectoring, bullying style. It was always very different when the Crown Prosecutor, Mr. A. A. Moffatt, K.C., was examining a witness. His frequent and courteous co-operation was of great assistance.

With regard to the question whether medical men make better Coroners than lawyers I would say: "Yes, if the former take the trouble to understand the small amount of law required in dealing with their work." To understand the medical and surgical evidence is far more difficult for lawyers in my opinion.

24-Hour Duty

One of the essential qualities of good Coroner practice is the accessibility of the Coroner himself, so that as little delay as possible follows any call to action. It is an interesting fact that as

long ago as the reign of the Chinese Emperor Shun Yu (A.D. 1241-1253) this was recognized in the instructions compiled by Sung Tzu, a Commissioner of Justice, in a work entitled "Hsi Yuan Lu," or "The Record of the Washing Away of Wrongs." This was discovered by Professor Herbert Giles of the University of Cambridge, England, at Ningpo in 1873. The view was taken that, if a proper inquest is not held over a murdered man the wrong is not redressed and feuds might arise among the living. To move or disturb a corpse before the Coroner's view was a most serious mistake. Also the Coroner should proceed instantly to the spot with all speed, carefully interrogate all witnesses, and mark all wounds. With regard to the matter of not moving or disturbing a corpse before the Coroner arrives in this climate of ours and in relation to traffic requirements on railways and streets of crowded types I have always held that so long as the competent Police official takes proper notes before any such necessary removal, common-sense prevails over red tape, and no harm is done. Thus the holding of continental trains and the obstruction of traffic in busy thoroughfares are avoided. In aeroplane fatalities also special consideration must be given to competent officers to do the common-sense thing when the accident takes place in areas that are difficult of access.

Automobile Fatalities

Talking of traffic leads naturally to the topic of automobile fatalities, sometimes called accidents, but which are generally errors in judgment and action by one or more persons. Very few automobile fatalities, whether motorist or pedestrian be concerned, are due to purely accidental circumstances. The principal causes are speed, carelessness, and such absorption of alcohol as will impair the finer qualities of perception and control, where motorists are concerned. Pedestrians are often killed through their own want of judgment and carelessness or inexperience, wherein also alcohol plays a part. It would seem hardly possible in the light of present knowledge that, when I pointed out early in my term of office that "alcohol and gasoline don't mix" as the current phrase has it, a medical man took the trouble to write me an anonymous letter rebuking me for talking such "old-woman stuff"! There are, however, great difficulties in the way of legal proof unless the fluids of the body such as blood, urine or saliva are examined.

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Abuse of Digitalis

Digitalis should never be prescribed in mixtures because of the frequent necessity for varying its dosage. The only excuse for the use of small so-called tonic doses in the undigitalized patient is the attempt to stop annoying extra systoles. It should never be used in non-cardiac conditions, e.g., in pneumonia without frank cardiac complications. It should never be used in cardiac patients except in the presence of cardiac breathlessness with or without oedema or in certain cardiac irregularities. Because of the constricting action of digitalis on the arteries it should never be used in angina pectoris, and in coronary occlusion with congestive failure it should be avoided if possible. Its use in heart block with failure needs care. In all other cases of congestive failure with oedema digitalis wisely used is of value.

To derive benefit from digitalis the patient must be fully digitalized. To achieve this end result requires a total of from 12 to 30 or more grains of digitalis tablets. The elderly patient needs smaller than average dosage, and the hyperthyroid patient with fibrillation needs large amounts. In the patient who has received no digitalis bodies in the preceding three weeks it is safe to give an initial dose of eight one-grain tablets (equivalent to 80 or 90 minims of fresh tincture). Succeeding doses are given at six-hourly intervals as it takes this long for full effect of the preceding dose to become apparent. The amount to be given in succeeding doses depends on the urgency of the case and on how

close a check can be kept on the patient's condition. In a fibrillating patient with an apex rate of 140 and severe congestive failure under adequate observation in hospital, succeeding doses of 4, 3 and 3 grains can be given 6-hourly if the apex rate is counted before each dose. The dose is cut to one grain t.i.d. when the apex rate falls to 100. Other patients could have four 2-grain doses after the initial dose and then one grain t.i.d., instructing them to stop digitalis if nausea appears. Frequent observation for the signs of overdosage is important. These signs are apex rate down to 60 or under, extra systoles appearing (especially if occurring every other beat) and nausea. Rarer signs are diarrhoea and colored vision. It is a good plan to label the bottle "stop if nauseated." Intelligent patients can be taught to count their own apex rates if palpable, and to watch for extra systoles. The final maintenance dose varies from one to four grains daily according to individual tolerance. The apex rate in fibrillators should be maintained between 60 and 80. It is important not to mistake the vomiting of cardiac failure for that due to digitalis. The amount given and the other signs of digitalization including possibly an electrocardiogram will help to reach a decision. Undigitalised vomiting patients can be given equivalent dosage of fresh tincture of digitalis by rectum.

Owing to the greater tendency of tincture to deteriorate and lose its power (even on hospital shelves) it is safer to use the cheap and convenient tablets of digitalis folia. Subcutaneous injections are painful and have little if any advantage over oral administration. It is very rarely necessary to give intravenous preparations.

—F.G.A.

Obituary

Dr. Albert Henry Rondeau died in the Winnipeg General Hospital after an illness of almost five years. Born in Rawdon, Quebec, in 1881, he received his education at Point-aux-Tremble College, McGill Normal School, Bishop's College, Lennoxville, and in medicine from Manitoba Medical College. Graduating in 1905 he practiced at Shoal Lake for a year, then came to Winnipeg where he carried on a general practice until he collapsed while at work. He is survived by his widow and a sister.

Though he was an able practitioner, it is as an after-dinner speaker that he will be remembered by those who knew him in his heyday. It was then that his delightful whimsicality and play of fancy were revealed, and the effect was heightened by the accent of his native province.

Introducing

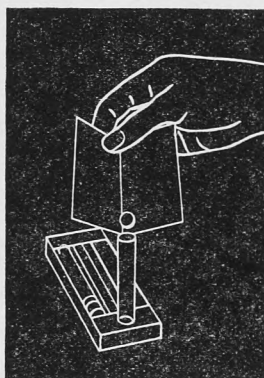
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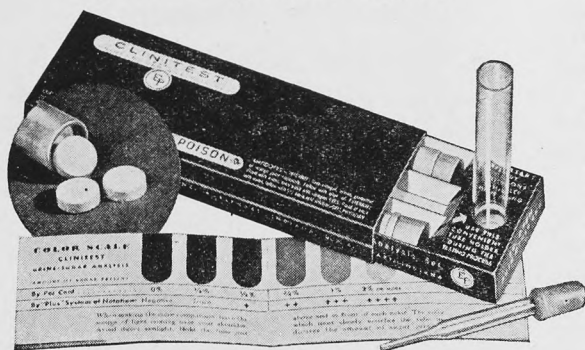
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Personal Notes and Social News

Captain Conner A. Corbett, R.C.A.M.C., son of Dr. and Mrs. T. R. Corbett of Crystal City, Man., was married December 12th in Knox Church, Winnipeg, to Lorraine Cameron, second daughter of Mr. and Mrs. Hill Rogers. Captain and Mrs. Corbett will reside on the West Coast.

◆ ◆

Dr. J. A. Bildfell has returned to Winnipeg from Pangnirtung, Baffin Land, where, for the last two years he was government medical officer. He was accompanied to his post in August, 1940, by his wife and son, Michael, and returned with another son and daughter, Peter Gervas and Leslie Gail, born in Eskimo land. They are the guests of the Doctor's parents, who reside at 238 Arlington St.

◆ ◆

Dr. and Mrs. Louis Hershfield are receiving congratulations on the birth of a daughter at Victoria Hospital on December 3rd.

◆ ◆

Lieut. John R. Kelly, R.C.A.M.C., formerly of Brandon, has been promoted to the rank of captain, according to a recent announcement.

◆ ◆

The executive and members of this Association wish to express their deepest sympathy to Dr. and Mrs. Gordon Chown on the loss of their son, Flt. Lieut. Douglas Chown, who was killed in an accident off Newfoundland.

◆ ◆

Dr. Mindel Cherniak Sheps was elected to the Winnipeg School Board for Ward 3, in the recent municipal elections.

◆ ◆

Surgeon-Lieut. Ronald Hugh McFarlane, R.C.N. V.R., son of Hon. Squadron Leader the Rev. Hugh McFarlane, was married December 15th in St. Andrews United Church, Winnipeg, to Marjorie Eleanor, second daughter of Mr. and Mrs. F. M. Marter of Winnipeg.

◆ ◆

Dr. and Mrs. H. C. Hutchison of Bridgetown, Barbados, have announced the arrival of a baby daughter on December 11th, 1942.

◆ ◆

Dr. and Mrs. Currie McMillan are spending the holiday season with their son and daughter-in-law, Sub-Lieut. Currie McMillan, R.C.N.V.R., and Mrs. McMillan, in London, Ont.

◆ ◆

Dr. and Mrs. J. E. Isaac, No. 7 Westholme Apts., are receiving congratulations on the birth of a daughter at the Winnipeg General Hospital, December 21st, 1942.

◆ ◆

Major M. B. Perrin is now attached to Fort Osborne Hospital as a surgical consultant.

Major H. M. Edmison has returned from number five General Hospital on sick leave.

◆ ◆

Surgeon-Commander C. W. MacCharles, R.C.N. V.R., stationed on the West Coast, is spending a two-week furlough visiting friends in Winnipeg.

◆ ◆

Major A. W. S. Hay is spending a prolonged leave with his family as a result of fracturing a navicular bone.

War Production Board Order Affects Vitamin Capsules

To conserve Vitamin A supplies during wartime, W.P.B. order L-40 limits the content of capsules to 5,000 Vitamin A units.

In compliance with this order, capsules of Mead's Oleum Percomorphum 50% With Vios-terol now contains 83 mg. of oil, equivalent to 5000 Vitamin A units and 700 Vitamin D units per capsule.

The new size capsule is now supplied in boxes containing 48 and 192 capsules—about twice the number of capsules without increase in price.

IN JANUARY 1942 WE INTRODUCED

to the Medical Profession
in Western Canada

"FOILLE" (FOIL)

the New Type
Modern Burn Treatment

TO-DAY

"FOILLE" is in regular daily use when
required by physicians and hospitals
throughout Western Canada.

Literature Available on Request

Write to

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HEAD COLDS CHECKED

WITH 3 DROPS IN EACH NOSTRIL . . .



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N A S A L D R O P S

Clinical investigations on Privine Nasal Drops have proved that they are excellently suited for the treatment of all forms of naso-pharyngeal affections. In head colds, a few moments after the instillation of 3 drops of Privine in each nostril, the headache and sensation of heaviness in the head disappear, while the nasal respiration becomes easier, the watering of the eyes stops, the voice regains its normal tone and the sense of smell is restored.

Issued:

In bottles of ½ ounce with dropper, and bottles of 4 ounces.

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Winnipeg Medical Society

C. B. STEWART — *President*J. C. HOSSACK — *Past President*H. F. CAMERON — *Secretary*C. M. STRONG — *Vice-President*DIGBY WHEELER — *Past President*A. T. GOWRON — *Treasurer*

MEETINGS

Third Friday, each month

Next Meeting

January 15th

MEETINGS

Start exactly at 8:15 p.m.

NOTICE BOARD

Last month all our space was devoted to the "Overseas Fund" to the exclusion of everything else. Even then, much was left unsaid and I find that this topic must again be mentioned.

Shortly after the publication of the last issue, I had a letter from Doctor Roy Brown of Gladstone. In it he said that although he was not asked to do so, he was enclosing five dollars because he wanted to help in sending parcels abroad. Thanks a lot, Doctor Brown.

I have an idea that there are other rural doctors who would like to associate themselves with us in this matter and I can assure them that we shall be more than glad to have their support. So this is an invitation to all interested parties (and who aren't interested?) to send their cheques to the Winnipeg Medical Society (Overseas Fund), Medical Arts Building, Winnipeg.

The present is the thirtieth year of the Winnipeg Medical Society. During all these thirty years, chairmen have been calling their meetings to order by beating on a table with a pencil or fountain pen or some similarly inarticulate and inaudible implement. Now we have a real gavel. Indeed, so far as I am aware, a gavel which is unique among medical societies anywhere, for it is made from the charred woodwork of the famous Hunterian Museum. Our possession of it came about in this way:

After a visit a year ago of Surgeon Rear-Admiral Gordon-Taylor, I had occasion to write him and took the opportunity of asking him to do us a favor. I reminded him that he had presented to the American College of Surgeons a fragment of the destroyed Royal College and I asked him if he would be good enough to send us a piece of wood large enough to fabricate into a gavel.

He answered me that he would see the request was granted, and in due time I received the following letter:

"My dear Doctor Hossack,

"Surgeon Rear-Admiral Gordon-Taylor, Senior Vice-President of this College, reported to the Council that the Winnipeg Medical Society would greatly appreciate some relic which survived the holocaust of May 10th, 1940, in which our Museum suffered very serious damage.

"The Council is anxious that your Society's wish should be met, and I am sending under sep-

arate cover a support of one of the Museum stands on which some of John Hunter's specimens were exhibited. We have not embellished it in any way as we thought you might wish to use it for some special purpose. It is but a small memorial of one of the biggest attacks made on London up to date, but we regard it as a token of our affection and regard for our colleagues in Canada. In sending it I wish to include most cordial greetings from all the Members of the Council of this College.

"With every good wish to you and our many friends in Canada,

Believe me,

Always yours very sincerely,

(Signed) Alfred Watt Johnson,

President."

Along with the letter came the "relic," part of which I had made into a gavel. The gavel is exceedingly plain, for such a thing is "when unadorned, adorned the most." Upon one side is the blackness of charred wood. Upon the other will be a silver plate stating its origin. This simple object is symbolic of many separate things, all great and inspiring. Looking upon it one can see as in a crystal the traditions, the tribulations and the triumphs of British Medicine.

There is something symbolic, too, in the fact that what would otherwise be only a piece of wood, has from the fiery touch of a ruthless barbarian, become almost sacred and of rich value.

This gavel and the remainder of the memento I had the honour, speaking in the name of Rear-Admiral Gordon-Taylor, to offer to our President from the Royal College of Surgeons of England.

A few days ago, I received a letter from Rear-Admiral Gordon-Taylor. In it he told me that the "relic" sent to us was practically identical with that given to the American College of Surgeons. Incidentally, the Admiral said in his letter that he felt "it meant something to Canadians to be able to speak to them about Winnipeg" from which I infer that he had been caring for our wounded after Dieppe.

Which brings me back to my starting point. Those who wish to contribute to the Overseas Fund are asked to write their cheques "Winnipeg Medical Society (Overseas Fund)," Medical Arts Building, Winnipeg.

J. C. HOSSACK.

BALANCED NUTRITIONAL SUPPLEMENTS

Vi-Mi Caps

VITAMINS

MINERALS

CAPSULES



Integral Vitaminotherapy Associated to Minerals

DOSAGE: 1 Vitamine and 1 Mineral capsule daily is the average dose for Adults and for Children. For increased effect 2 of each capsule may be given to Adults.

HOW SUPPLIED: In boxes of 100 capsules—50 Vitamins (green) 50 Minerals (white).

Samples on request from:

ANGLO-FRENCH DRUG CO. — 209 St. Catherine Street East — MONTREAL

For **Arthritis - Chronic Rheumatism** **SULFOSALYL**

Containing the three salicylates, sulphur, calcium, thyroid and parathyroid in enteric coated capsules, dissolving in the intestines, thus avoiding gastric irritation.

Samples on request from:

ANGLO-FRENCH DRUG CO. — 209 St. Catherine Street East — MONTREAL

Department of Health and Public Welfare

Comparisons Communicable Diseases—Manitoba

(Whites Only)

DISEASES	1942		1941		TOTALS	
	Nov. 5-Dec. 2	Oct. 8-Nov. 4	Nov. 5-Dec. 2	Oct. 8-Nov. 4	January 1 to Dec. 2, 1942	January 1 to Dec. 2, 1941
Anterior Poliomyelitis.....	4	11	1	26	62	1003
Chickenpox.....	257	270	249	190	2107	1873
Diphtheria.....	27	36	27	19	235	162
Diphtheria Carriers.....	7	14	7	4	37	20
Dysentery—Amoebic.....	.....	.....	.....	.....	.....	.....
Dysentery—Bacillary.....	1	3	.....	1	12	3
Erysipelas.....	7	3	6	7	87	68
Encephalitis.....	2	3	4	4	38	513
Influenza.....	16	.....	11	3	217	236
Measles.....	16	16	74	26	4362	3240
Measles—German.....	.....	.....	16	3	259	1421
Meningococcal Meningitis.....	1	1	4	6	23	53
Mumps.....	126	38	196	125	2894	1237
Ophthalmia Neonatorum.....	.....	.....	.....	.....	1	2
Pneumonia—Lobar.....	3	.....	.....	.....	91	108
Puerperal Fever.....	.....	.....	.....	.....	2	7
Scarlet Fever.....	65	53	75	57	1233	455
Septic Sore Throat.....	1	.....	2	2	59	15
Smallpox.....	.....	.....	.....	.....	.....	.....
Tetanus.....	1	1	.....	.....	3	1
Trachoma.....	.....	.....	1	1	5	7
Tuberculosis.....	59	41	52	56	547	506
Typhoid Fever.....	2	3	.....	6	32	29
Typhoid—Paratyphoid.....	.....	.....	.....	.....	2	1
Typhoid Fever Carriers.....	2	.....	.....	1	3	1
Undulant Fever.....	1	1	2	.....	11	5
Whooping Cough.....	101	91	35	9	546	265
Gonorrhoea.....	115	99	89	88	1141	976
Syphilis.....	74	42	42	44	640	452

POLIOMYELITIS—Has fairly well disappeared from the picture for this season.

MENINGOCOCCAL MENINGITIS—One case only in Manitoba (came from Maryland). Ten cases in Ontario. This disease should be kept in mind during the winter. Crowding favors its spread.

DIPHTHERIA—Another 27 cases and 7 carriers in Manitoba! Thirteen in the City of Winnipeg, 4 in St. Boniface, 3 in St. James, 1 in St. Andrews, etc. Our record for 1942 is worse than 1941. More *toxoiding and re-toxoiding* must be done to wipe it out.

DYSENTERY—Of the bacillary type is probably much more prevalent than the reporting shows. We would appreciate cards on every case so that we may show the true picture.

ERYSIPELAS—With seven cases and a total of 87 to date in 1942 is slightly higher than usual.

ENCEPHALITIS—Just the odd case reported, only 38 this year but 40% of them have died.

MUMPS—Are still prevalent. Ontario has quite a few cases.

SCARLET FEVER—Is endemic and scattered over most of Manitoba.

TUBERCULOSIS—Is higher than last year. It must be always kept in mind but especially during war time.

WHOOPING COUGH—Is on the increase at present. Infants and old people may die from it. We must be on the alert.

DEATHS FROM COMMUNICABLE DISEASE

October, 1942

URBAN—Cancer 46, Pneumonia (other forms) 7, Tuberculosis 7, Pneumonia Lobar 4, Syphilis 3, Lethargic Encephalitis 1, Scarlet Fever 1, Septic Sore Throat 1, Cerebrospinal Meningitis 1. Other deaths under 1 year 27. Other deaths over 1

year 163. Stillbirths 11. Total 272.

RURAL—Cancer 15, Tuberculosis 11, Influenza 3, Pneumonia (other forms) 3, Lethargic Encephalitis 1. Other deaths under 1 year 12. Other deaths over 1 year 110. Stillbirths 11. Total 166.

INDIANS—Pneumonia (other forms) 1, Tuberculosis 1. Other deaths over 1 year 2. Total 4.

DISEASE	Manitoba Nov. 5-Dec. 2 *722,447	Ontario Nov. 1-Nov. 28 *3,752,000	Saskatchewan Nov. 1-Nov. 28 *949,000	Minnesota Nov. 1-Nov. 28 *2,792,300	North Dakota Nov. 1-Nov. 28 *641,935
Anterior Poliomyelitis.....	4	4	.....	10	.....
Meningococcal Meningitis.....	1	10	.....	2	2
Chickenpox.....	257	1336	338	271	.....
Diphtheria.....	27	9	5	29	12
Diphtheria Carriers.....	7	.....	.....	.....	.....
Dysentery—	.....	.....	.....	.....	.....
Amoebic.....	.....	.....	.....	10	.....
Bacillary.....	1	.....	4	1	.....
Erysipelas.....	7	3	1	3	1
Influenza.....	16	9	4	4	16
Encephalitis.....	2	.....	2	.....	.....
Measles.....	16	351	213	12	4
German Measles.....	.....	42	11	.....	.....
Mumps.....	126	1752	184	.....	.....
Scarlet Fever.....	65	414	90	233	39
Septic Sore Throat.....	1	5	.....	.....	.....
Trachoma.....	.....	.....	.....	.....	3
Tuberculosis.....	59	211	77	39	32
Typhoid Fever.....	2	6	.....	10	.....
Typhoid Fever Carriers.....	2	.....	.....	.....	.....
Typhoid Para-Typhoid.....	.....	2	1	.....	.....
Undulant Fever.....	1	4	.....	.....	.....
Whooping Cough.....	101	443	24	160	36
Gonorrhoea.....	115	506	17
Syphilis.....	74	478	28

* Approximate Populations.

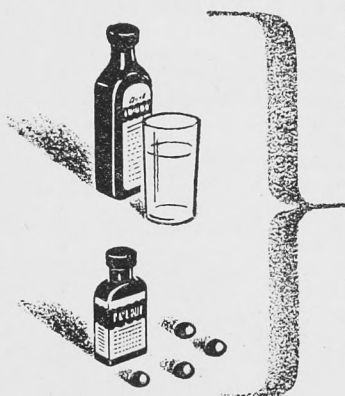
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ORALLY-ACTIVE, NATURAL OESTROGENS NOW PROVIDE SAFE EFFICIENT THERAPY FOR ALL MENOPAUSAL PATIENTS

Over a period of years, "Emmenin" has been highly successful for the control of the milder menopausal symptoms. Now "Premarin", the most potent, orally-active, natural oestrogen available, provides effective relief for the most severe symptoms. When it is found that the patient can be maintained on less than one "Premarin" Tablet every day, "Emmenin" is recommended. A feeling of well-being is experienced following the use of these orally-active, natural oestrogens



Premarin

conjugated oestrogens (equine): No. 866, in bottles of 20 and 100 tablets.

Emmenin

conjugated oestrogens (placental): Tablets, No. 701 — in bottles of 42; Liquid, No. 927 — in bottles of 4 oz.

Supplied with the approval of the Research Institute of Endocrinology,
McGill University, under the direction of Dr. J. B. Collip.

Department of Health and Public Welfare

Nutrition

During the month of January the Government of Canada, with the help of public health associations, professional groups and public-spirited citizens and companies is launching a nationwide educational programme to create interest in nutrition. This drive is not intended as educational—but merely to stir up interest—in the hope that local groups will carry on the work and take advantage of the consciousness of the need for better nutrition, which the campaign is hoping to arouse.

A letter from the Hon. Ian Mackenzie states that “the importance of this programme is evident to all those who realize that efficiency of the Canadian war effort depends to a large degree upon the health of our people. Absenteeism in war production plants, accidents, fatigue and loss of efficiency are due in large measure to conditions which may be traced to malnutrition, resulting from a lack of knowledge of food values. The proper use of the wide range of foodstuffs available to Canadians even under war-time conditions should do a great deal to increase our war effort and at the same time improve the general health of our people.”

The May 1941 issue of the Canadian Public Health Journal contained four reports of nutritional surveys in Canadian cities; the results indicated a widespread prevalence of under-nutrition among low-income families and showed that such families, and even ones more comfortably situated, lacked essential minerals and vitamins. It is known, however, that Canadian diets are sufficiently good to prevent frank deficiency diseases like beri-beri, pellagra and scurvy. At least two-fifths of the Canadian population are now living on food supplies which, in nutritive value lie between the low level required to produce deficiency diseases and the high level necessary for health. Continued subsistence on such mediocre diets causes lowered vitality, decreased working ability and subnormal resistance to infection.

The causes of malnutrition are two: a lack of nutritional information and financial inability of some families to purchase proper food supplies. It is not due to a scarcity of foodstuffs, since supplies are available, or could be made so, within this country, to give all Canadians adequate diet.

Certain foodstuffs are needed for Great Britain but others can be furnished in increasing amounts. The surveys in Edmonton, Halifax, Toronto and Quebec have proved the urgent need for education, not only of the basic principles of nutrition, but concerning cooking and economical purchasing.

A nutrition campaign is part of the war effort. The preservation and improvement of the health of every Canadian is a vital part of our war effort; health cannot be maintained without adequate nutrition. A shortage of man-power is developing and the safeguarding of human assets is an urgent necessity. Great Britain has realized this. The report of one special camp operated by the British Government shows that provision of proper meals, light exercise and a healthful environment caused 729 out of 834 men who had been rejected for military service to become fit for front-line duties. The percentage of men who have been rejected in Canada because of conditions caused by faulty nutrition is not known; in the United States it has been the most important cause of rejection. American authorities are setting up rehabilitation camps. Should Canada fall behind in salvaging badly needed men?

Scientific studies at Yale University have shown that working efficiency is improved by proper nutrition. This is a mechanized war and production on a vast scale is required. Even if men were not needed for the armed services they are essential for industry. Everything possible should be done to improve working efficiency and to prevent illness among industrial workers. Plants operating cafeterias should see to it that nourishing meals are served. Education of workers to eat hearty, wholesome breakfasts would help reduce mid-morning fatigue.

Nor is industry the only place where education in the field of nutrition is required. Physical examination of young people from Rural Manitoba provided some interesting data: twenty per cent were underweight—given a ten per cent allowance from the standard height and weight tables; twenty-seven per cent were anaemic, tested by the Sahli method; seventy-five per cent and under being taken as subnormal. A dental survey in a group of rural high schools showed

Department of Health and Public Welfare

that ninety-one per cent of the children had some dental defects. Living in the country does not guarantee an adequate diet, by any means.

Surely it is not too early to emphasize, to the public, the necessity of good nutrition . . . that dietary deficiencies cannot be made up by bottles of much-advertised medicine and pills . . . an all-round balanced diet is the first essential.

It is hoped that the medical profession will take a part in the forthcoming nutrition campaign and will be ready to give information to those requesting it.

A set of official food rules has been drawn up for Canada by the Canadian Council on Nutrition and a great deal of publicity will be given to them in the coming advertising programme:

These are the Health Protective Foods

Be sure you eat them every day in at least these amounts (use more if you can).

MILK—Adults, $\frac{1}{2}$ pint. Children, more than 1 pint. And some cheese, as available.

FRUITS—One serving of tomatoes daily, or of a citrus fruit, or of tomato or citrus fruit juices, and one serving of other fruits, fresh, canned or dried.

VEGETABLES—(In addition to potatoes, of which you need one serving daily)—two servings daily of vegetables, preferably leafy green, or yellow, and frequently raw.

CEREALS AND BREAD—One serving of a whole-grain cereal and 4 to 6 slices of Canada Approved bread, brown or white.

MEAT, FISH, etc.—One serving a day of meat, fish or meat substitutes. Liver, heart or kidney, once a week.

EGGS—At least 3 or 4 eggs weekly.

Eat these foods first, then add these and other foods as you wish.

Some source of Vitamin D, such as fish liver oils, is essential for children, and may be advisable for adults.

**KNOW THE RIGHT FOODS—
EAT THE RIGHT FOODS.**

Swift Canadian Company Fellowship

The University of Manitoba, Winnipeg, was named as recipient of the first fellowship in nutrition to be awarded by Swift Canadian Company, Ltd., as a contribution of the company to the national nutrition programme.

Dr. Sidney Smith, president of the University of Manitoba, accepted the award and announced that Dr. Allen D. Robinson and Miss Mary Catherine Hiltz would direct the research. Dr. Robinson has been assistant professor of chemistry at the university since 1930 and Miss Hiltz, a member of the Canadian Council on Nutrition, is head of the university's department of nutrition in the faculty of agriculture and home economics.

The two scientists define their investigation as a study "of the thiamin content of Canadian foods and the effect of various cooking processes upon it."

The second fellowship will seek to find ways to extend the keeping qualities of fats and oils used as food and thereby prevent early deterioration and loss of these vital sources of body energy. Scientists at Macdonald College of McGill University will soon begin a series of studies on the use of antioxidants in certain foods.

Dr. W. D. McFarlane, F.R.S.C., professor of chemistry in Macdonald College and vice chairman of the National Chemurgic Committee of the Canadian Chamber of Commerce, will head the research. Alair Lips, graduate of the University of British Columbia, has been appointed research fellow.

"Our problem," said Dr. McFarlane, "is the incorporation in edible fats and oils of effective antioxidants which are acceptable to the Pure Food and Drugs Administration and which will not alter the products in any manner except to make them stay fresh longer."